



Recurring Donation Authorization Form

Schedule your donation to be automatically deducted from your bank account or charged to your credit card. Just complete, sign and return this form to get started!

Here's how Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete this form, attach a voided check and mail to MBA, 763 South New Ballas Rd, Suite 300, St. Louis, MO, 63141 or scan and e-mail it to saad@mbamissouri.com

I _____ authorize Muslims for a Better America to charge my account
(please print full name clearly)

indicated below in the amount of \$ _____ on (check one)

the first day of each month the last day of each month once per quarter.

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Muslims for a Better America in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. The mailing address is Muslims for a Better America, 763 South New Ballas Rd, Suite 300, St. Louis, MO, 63141. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank/credit card account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.